

Clarifying Questions for RPC on Actions to Address OPEGA Recommendations

(sent to DHHS on June 10, 2016)

Recommendation 3

OPEGA Recommendation (from the OPEGA report)

As RPC formalizes its new process for documenting proposed solutions to grievances, it should incorporate the description of the proposed solution into the Grievance form, reinforce with appropriate staff the need to obtain patient signature, and require some notation on the Grievance form if patient refuses or is unable to sign the acknowledgement.

RPC should establish means to document the notifications required by RPC policy for the reporting of sentinel events.

RPC Response in Commissioner's Letter (excerpted as relevant to this recommendation)

Page 2 – The Department agrees with OPEGA that there must be sufficient documentation to monitor responses to patient grievances and sentinel events. The Department has taken – or is taking – measures to these ends including:

- Completed review of grievance procedure and training staff on documentation
- Updating Sentinel Event policy and Sentinel Event rules to ensure compliance; reviewing and refining process for Sentinel Event notification.

Page 3 – RPC conducts the required notifications for Sentinel Events. During the OPEGA investigation, RPC produced documentation demonstrating that it had notified DLRS of Sentinel Events using the appropriate DLRS forms.

OPEGA questions:

1. As part of RPC's completed review of the grievance procedures and the training of staff on documentation, has RPC now:
 - revised the process to incorporate the proposed solution that was being captured on a separate document into the Grievance form?
 - reinforced with staff the need to get the patient to sign the form?
 - required as part of policy/procedure that the staff should put a notation on the Grievance form if the patient refuses to sign?

If the answer to any of the above bullets are "No", please indicate whether these are steps that RPC plans to take in the future and when that will be, or whether RPC considers these steps unnecessary, unreasonable or just not possible for some reason.

2. As part of updating the Sentinel Event policy and reviewing, refining SE notification documentation, is RPC:
 - establishing an expectation and means for staff to document all the different notifications that are required by the policy (other than DLRS)?

If the answer to the above bullet is "Yes", please provide the status of this action item (completed, in process or planned). If "in process" or "planned", please indicate when this is expected to be completed or started. If

RPC does not intend to take the specific action recommended by OPEGA, please explain why, i.e. does RPC consider this action unnecessary, unreasonable, or not possible for some reason.

Recommendation 4

OPEGA Recommendation (from the OPEGA report)

RPC should clarify which staff are mandatory reporters and reconcile hospital reporting requirements with individuals' professional mandatory reporting requirements. RPC should also clarify reporting requirements in incidents where there are multiple witnesses to the event. RPC should incorporate all clarifications into policy and train staff accordingly.

RPC Response in Commissioner's Letter (excerpted as relevant to this recommendation)

Page 1 and 2 – The Department agrees with OPEGA that certain RPC policies have not reflected reporting practices and have not been clear regarding staff responsibilities for mandatory reporting of incidents of abuse, neglect or exploitation. The Department has taken – or is taking – measures including:

- Scheduling staff trainings on reporting abuse and neglect pursuant to the Adult Protective Services Act with the Office of Aging and Disability Services

Page 3 – RPC leadership has communicated clearly to staff members that all staff members are considered mandatory reporters. RPC provided evidence to that effect during the investigation. Furthermore, there is no evidence that RPC did not report incidents of abuse, neglect and exploitation. In fact, every case that OPEGA tested demonstrated that RPC reported the requisite information.

OPEGA questions:

1. We are unclear from the portion of the response on Page 3 whether RPC understood the point of our recommendation and related issue. Our issue/recommendation is focused on the mandatory reporting requirement for certain professionals that exists in statute. The statutory requirement is for those individuals to report directly to APS – not to RPC management who then reports to APS. While RPC leadership had communicated to staff that they must complete an Incident Report and report the ANE to RPC supervisor, RPC provided us no evidence that they had communicated to staff their individual responsibilities as mandatory reporters under statute. In fact, when we discussed this issue with DHHS/RPC at the Exit Conference, we thought Superintendent Harper was trying to make the point that not all of RPC's staff meet the definition of mandatory reporter in statute. Is RPC using the term mandatory reporter the same as OPEGA intends in this portion of the response?
2. Have the staff trainings on reporting abuse and neglect pursuant to the Adult Protective Services Act with the Office of Aging and Disability Services that are referenced in the portion of the Response on Pages 1 and 2 already been scheduled and held?
 - a. If yes, did these trainings clarify for staff the specific points OPEGA recommended be clarified regarding individual professional responsibility, and what the individual employee's reporting requirements were when there were multiple witnesses?
 - b. If not, when are trainings expected to be held and are the recommended clarifications going to be part of those trainings?
 - c. Has RPC already incorporated any of the clarifications recommended by OPEGA into written policy or other written guidance for staff? If not, does RPC plan to do this and when is it expected to be done? If RPC does not plan to do this, why? Is it because it sees these clarifications as unnecessary, unreasonable or not possible for some reason? If so, please explain.

Recommendation 5

OPEGA Recommendation (from the OPEGA report)

RPC should develop and implement a method for more systemically monitoring the occurrence of behaviors that undermine a culture of safety and the degree to which they contribute to patient incidents.

RPC Response in Commissioner's Letter (excerpted as relevant to this recommendation)

Page 2 – The Department agrees with OPEGA that it must bolster documentation for monitoring staff violations of behavioral policy. The Department has taken – or is taking – measures to this end including:

- Working with DAFS HR and unions representing RPC workers to improve staff supervision and monitoring of behaviors that undermine a culture of safety.

Page 3 – RPC continues to maintain a log of all disciplinary actions. DAFS HR has implemented a training program for supervisors regarding management of employee performance and discipline.

OPEGA questions:

1. We are unclear from the responses on Page 2 and 3 whether or not any additional documentation, beyond what was in place at the time of our review, is occurring, or planned to occur, with regard to systemically monitoring or tracking/analyzing incidents of violations of the behavior policy. Please clarify if there is, or will be, any documentation of violations (or potential violations) other than the log of disciplinary actions. If no additional documentation is occurring or planned, why? Is this because RPC has determined it is unnecessary, unreasonable or not possible for some reason? Please explain.
2. Is any of the documentation that is being kept being used, or planned to be used, to systemically analyze/monitor staff behavior violations **and the degree to which those violating behaviors are contributing to creating or escalating patient incidents?**
 - a. If yes, please describe what is being done, or planned to be done, in that regard.
 - b. If not, has RPC removed the requirement in policy for DAFS HR to report quantitative information on the number of instances of violating behaviors to RPC leadership? If not, why not?

Recommendation 7

OPEGA Recommendation (from the OPEGA report)

RPC should further investigate and confirm the cause of the Incident Reports with reportable events being inappropriately excluded from MEDITECH. Once confirmed, RPC should assess and quantify the impact of the issue on the relevant performance metrics based on the duration of this issue and which types of records were impacted. RPC should report this information back to the Joint Standing on Health and Human Services and the Government Oversight Committee, along with a plan for updating any impacted metrics.

RPC should also consult with DHHS Internal Audit staff to design and implement additional controls to address weaknesses in the processes for data collection and reporting for both incidents and grievances.

RPC Response in Commissioner's Letter (excerpted as relevant to this recommendation)

Page 1 and 2 – The Department agrees with OPEGA that the incident report database must capture all reportable events and categorize them appropriately to ensure reported metrics are reliable. The Department has taken – or is taking- measures to that end including:

- Updating of policies and procedures regarding incident reporting.
- Reviewing database capabilities for inclusion of all incident reports – both for those required for reporting purposes and those not required.
- Building reporting functions for a new Electronic Health Records system to be implemented in 2016 – this system will replace the current database for reporting.

Page 3 – OPEGA reviewed 25 RPC Incident Reports that were not included in the Incident Report database. Investigators determined that five of those reports should have been included in the database. Upon review of OPEGA's findings, RPC determined the missing data were entered and captured in the system. Controls for monitoring data entry have been developed to ensure that all reportable incidents are entered. The implementation of a new Electronic Health Records system in 2016 will help alleviate data entry errors.

OPEGA questions:

1. The first portion of OPEGA's recommendation is that RPC should further explore the cause of the Incident Reports not being in MEDITECH. Based on the cause, then assess and quantify the impact on relevant metrics that have been previously reported - and report back to HHS Committee and GOC on what had been found. The first part of RPC's response to this on Page 3 describes what was already known at the time OPEGA released its report and does not seem to take into consideration the concerns OPEGA still had about that explanation – those concerns being discussed in the first two paragraphs on page 41 of the final OPEGA report. We note there is nothing in RPC's response that indicates RPC intends to do any further exploration of the cause or its impact on the reported metrics, or report back to HHS and the GOC. Is this because RPC has decided that it will do no further exploration of that? Does RPC intend to look at whether any of the previously reported metrics should be updated? In other words, does RPC have any intention of implementing the first portion of OPEGA's recommendation? If not, why not?
2. The second part of RPC's response on Page 3 implies new controls have been implemented to ensure all reportable incidents are entered. Have new controls been added? Please describe specifically what controls are now in place.
3. OPEGA's recommendation for implementing additional controls to address weaknesses in data collection and reporting was also for the grievance database. We see nothing in RPC's response that speaks to actions taken for the grievance database. Has DHHS Internal Audit reviewed the processes for data capture and entry into the grievance database to identify weaknesses?
 - a. If so, have additional controls been added?
 - b. If these steps have not been taken yet, is this something RPC/DHHS is planning to do? If not, why not? If so, when is that expected to happen?

Recommendation 8

OPEGA Recommendation (from the OPEGA report)

RPC should revise the criteria for the ANE metric presented in the quarterly reports to ensure that both alleged and witnessed events are included. RPC should then incorporate these revised criteria into a formal, written procedure. Report metrics should be amended to reflect the revised criteria.

RPC should also align the reported “factors of causation” categories with the specific criteria for utilizing seclusion and restraint from the Consent Decree Settlement Agreement and Amendments and include a category to capture causes that do not meet the criteria. Incident Report forms should then be revised to align one-to-one with the expanded factors of causation. The review and validation of the coding of factors of causation should be incorporated into the Risk Manager’s existing review of completed Incident Reports.

RPC Response in Commissioner’s Letter (excerpted as relevant to this recommendation)

Page 1 and 2 – The Department agrees with OPEGA that the incident report database must capture all reportable events and categorize them appropriately to ensure reported metrics are reliable. The Department has taken – or is taking- measures to that end including:

- Updating of policies and procedures regarding incident reporting.
- Reviewing database capabilities for inclusion of all incident reports – both for those required for reporting purposes and those not required.
- Building reporting functions for a new Electronic Health Records system to be implemented in 2016 – this system will replace the current database for reporting.

Page 4 – RPC has long maintained its current standards for reporting factors of causation. The Court Master is aware of these standards and has not cited them as inadequate or out of compliance with the Consent Decree. Nonetheless, RPC will bring this issue to the Court Master’s attention to determine if any action needs to be taken.

OPEGA questions:

1. Has RPC taken any of the specific actions OPEGA recommended in the first paragraph under OPEGA Recommendation above to address the criteria and reporting for the Abuse, Neglect and Neglect metric in the Quarterly Reports?
 - a. If yes, which actions have been completed or are in progress?
 - b. For any of the recommended actions not completed or in progress, does RPC intend to take those steps or has RPC determined it is unnecessary, unreasonable, or not possible to take those actions? Please explain.
2. Has RPC discussed the standards for reporting factors of causation with the Court Master yet?
 - a. If so, when did that occur and what was the result, i.e. have any changes been made and, if so, what were the changes?
 - b. If RPC has not yet discussed this issue with the Court Master, when is that expected to occur?